

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AUTUMN LIGHT HOME (0009413)

Address: 1003 TAMARACK WAY, VERONA, WI 53593

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094117 **End Date:** 01/26/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008119 Served 02/17/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.16(4)(a)	ABILITY TO PAY		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED		
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 02/10/2005 **SOD #**10008119 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---50.065(2)(b)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.16(4)(a)
FORFEITURE---83.32(3)
FORFEITURE---83.33(2)(g)1
FORFEITURE---83.33(3)(b)2.d

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